

Patient Stamp

SOJNTSUAM TXOG
"KEV NOJQAB NYOBZOO"
Cov menuam yaus hnubnyoog, 0-3 xyos

Patient Number _____
 If patient stamp not used, write in Patient and Plan Name/Number
 Plan Name/Number _____

Tus menuam npe (npe, xeem)		Hnubyug	Yog <input type="checkbox"/> Tub <input type="checkbox"/> Ntxhais	Hnubtim	For Clinical Use Assistance needed: Reading: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Interpreter: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Koj lub npe		Kev txheebze tus menuam <input type="checkbox"/> Niamtxiv <input type="checkbox"/> Tus saibxyuas <input type="checkbox"/> Kwtij <input type="checkbox"/> Phoojywg <input type="checkbox"/> Lwm yam			Annual Review Date/Initials <hr/> <hr/> <hr/>		
<i>Koj thiab cov neeg khomob rau koj tus menuam muaj cuabkav koomtes los pab kom nws tau txais kev nojqab nyobzoo. Thov teb cov lus nug no li uas koj teb tau. Koj suam (✓) rau qhov "Hla" yog tias koj tsis paub teb lossis tsis xav teb. Koj nrog koj tus kws khomob tham tau yog koj muaj lus nug dabtsi. Koj cov lus teb yuav tau muab ceev cia kom zoo vim nws yog ib feem ntawm koj tus menuam tej ntaubntawv khomob.</i>		Interventions Code/Date/Initials <hr/> <hr/> <hr/>					
<u>Hauv Koj Tsev Puas Muaj:</u> (Does your home have:)							
1. Cov tswb ntes pa hluavtaws (smoke detector)? (A working smoke detector?)		<input type="checkbox"/> Muaj <input type="checkbox"/> Tsismuej <input type="checkbox"/> Hla					
2. Cov dej hauv tus kaisdej los kub txog qhov yuav hlab tau menuam? (Water that comes from the faucet hot enough to burn your child?)		<input type="checkbox"/> Kub <input type="checkbox"/> Tsiskub <input type="checkbox"/> Hla					
3. Cov lag thaiv qhovrais thiab thaiv tus ntaiv nce mus rau saum theem ob? (Window guards and stair gates above the first floor?)		<input type="checkbox"/> Muaj <input type="checkbox"/> Tsismuej <input type="checkbox"/> Hla					
4. Cov tshuaj ntxuav tsev, tshuaj noj, thiab teebntais uas muab xauv cia hauv txee kom zoo? (Cleaning supplies, medicines, and matches in a locked cabinet?)		<input type="checkbox"/> Xauv <input type="checkbox"/> Tsissauv <input type="checkbox"/> Hla					
5. Tus xovtooj hu qhovchaw tshuaj lom lo rau ntawm lub xovtooj? (The phone number for the poison control center posted by your telephone?)		<input type="checkbox"/> Muaj <input type="checkbox"/> Tsismuej <input type="checkbox"/> Hla					
<u>Koj Puas:</u> (Do you:)							
6. Niaj zaus muab koj tus menuam tso pw tsaugzog ntxeevtiaj yog tias nws hnubnyoog tsis tau muaj 12 hlis? (Always put your child to sleep on his/her back, if younger than 12 months of age?)		<input type="checkbox"/> Muab <input type="checkbox"/> Tsismuab <input type="checkbox"/> Hla					
7. Tau muab taub ntim kuatxiv, mis, lossis dej qabzib rau menuam haus thaum mus pw? (Ever put your child to sleep with a bottle of juice, milk, or soda?)		<input type="checkbox"/> Tau <input type="checkbox"/> Tsistau <input type="checkbox"/> Hla					
8. Hais kom tus menuam txhuam hniav txhua hnub? (Make sure your child's teeth are brushed every day?)		<input type="checkbox"/> Hais <input type="checkbox"/> Tsishais <input type="checkbox"/> Hla					
9. Zov koj tus menuam thaum dadej hauv lub dab dadej? (Always stay with your child when he/she is in the bathtub?)		<input type="checkbox"/> Zov <input type="checkbox"/> Tsiszov <input type="checkbox"/> Hla					
10. Ibtxwm muab menuam zaum hauv rooj zoj menuam thiab pav hlua rau lub roojzaum tomqab hauv tsheb? (Always put your child in a car seat and seat belt in the back seat of a car?)		<input type="checkbox"/> Muab <input type="checkbox"/> Tsismuab <input type="checkbox"/> Hla					
11. Ibtxwm mus ncig koj lub tsheb saib puas muaj menuam uantej koj thaub lub tsheb tawm? (Always walk around your car to check for children before backing out?)		<input type="checkbox"/> Mus <input type="checkbox"/> Tsismus <input type="checkbox"/> Hla					

For Clinical Use

Intervention Codes: C: Counseling EM: Educational Materials R: Referral F: Follow-up Needed SPN: See Progress Notes

Koj Tus Menyuam Puas: (Does your child:)		
12.	Tau txais kev khomob los ntawm lwm tus (xwsli kws hnokoob, kws tshuajntsuab, txivneeb, lossis lwm tus) dhau li ntawm tus kws khomob lawm? (Receive health care from anyone besides a medical doctor [such as an acupuncturist, herbalist, curandero, or other healer]?)	<input type="checkbox"/> Tsistau <input type="checkbox"/> Tau <input type="checkbox"/> Hla
13.	Noj niam mis? (Breastfeed?)	<input type="checkbox"/> Tsisnoj <input type="checkbox"/> Noj <input type="checkbox"/> Hla
14.	Haus mismos, mislaus, lossis noj yogurt yam tsawg ib hnub ob zaug? (Drink formula, milk or eat yogurt at least 2 times each day?)	<input type="checkbox"/> Haus <input type="checkbox"/> Tsishaus <input type="checkbox"/> Hla
15.	Noj txivhmab ntivntoo thiab zaub txhuahnub? (Eat fruits and vegetables every day?)	<input type="checkbox"/> Noj <input type="checkbox"/> Tsisnoj <input type="checkbox"/> Hla
16.	Noj tej yam daig tau cajpas xwsli txiv qabrog, pajkws, nyhuv, txiv grapes, lossis tej khoom qabzib uas tawv? (Eat foods that may cause choking, such as nuts, popcorn, hotdogs, whole grapes, or hard candy?)	<input type="checkbox"/> Tsisnoj <input type="checkbox"/> Noj <input type="checkbox"/> Hla
17.	Mus uasi hauv tej lub tsev lossis tej koog tsev uas muaj pas dadej tob lossis dab dadej kub? (Spend time at a house or apartment complex with a swimming pool or hot tub?)	<input type="checkbox"/> Tsismus <input type="checkbox"/> Mus <input type="checkbox"/> Hla
18.	Mus uasi hauv tej tsev uas muaj phom? (Spend time in a home where a gun is kept?)	<input type="checkbox"/> Tsismus <input type="checkbox"/> Mus <input type="checkbox"/> Hla
19.	Mus uasi hauv tej tsev uas muaj neeg haus luamyeeb? (Spend time in a home with anyone who smokes?)	<input type="checkbox"/> Tsismus <input type="checkbox"/> Mus <input type="checkbox"/> Hla
20.	Pheej mus tiv tshav nraumzoov yam tsis siv dabtsi los roos tshav xwsli ntoo kausmom lossis hnav tsho? (Often spend time outdoors without sunscreen or other protection, such as a hat or shirt?)	<input type="checkbox"/> Tsismus <input type="checkbox"/> Mus <input type="checkbox"/> Hla
21.	Tau pom lossis raug lwmtus tsimtxom lossis ua phem rau? (Has your child ever witnessed or been a victim of abuse or violence?)	<input type="checkbox"/> Tsistau <input type="checkbox"/> Tau <input type="checkbox"/> Hla
22.	Koj puas muaj lwm yam lus nug lossis kev txhawjxeeb txog koj tus menyuam kev nojqab nyobzoo? (Do you have other questions or concerns about your child's health?) (Thov qhia saib yog dabtsi) (Please identify) _____ _____ _____	<input type="checkbox"/> Tissmej <input type="checkbox"/> Muaj <input type="checkbox"/> Hla

For Clinical Use

Intervention Codes:

C: Counseling

EM: Educational Materials

R: Referral

F: Follow-up Needed

SPN: See Progress Notes

Kev ceev lus

Txoj kevciai ceev lus uas tsimtsa xyoo 1977 (California Civil Code 1798) thiab Tseemhwv Qibsiab txoj kevciai ceev lus (5USC 552a, Subdivision (E)(3)) samhwm kom yuav tsum tau muab txoj cai no los qhia thaum yuav nug ib yam dabtsi txog ntawm lawy tuskheej. Cov lus teb no yog xav tau los ntawm koj tus kws khomob, koomhaum khomob, thiab phab saib kev kho mobnkees kom lawy paub npaj kev cobqhia txog sab kev nojqab nyobzoo. Qhov yuav teb thiab tsis teb cov lus no nyob ntawm tus neegmob xaiv. Txawm tus neegmob tsis teb tej lus nug no los yuav tsis muaj kev rau txim dabtsi rau nws. Cov lus teb hauv daim ntawv no yuav muab ceev nrog nws cov ntaubntawv khomob uake, thiab muaj txoj cai los txwv tsis pub neeg paub tibyam li cov ntaubntawv khomob. Txoj kevblig kevciai thiab kev tswjfwm hauv lub xeev txog kev ceev lus rau tus neegmob mas yog hais tag nrho rau cov lus teb nyob hauv daim ntawv no huvs. Vim kevciai thiab kev tswjfwm pom zoo mas qho yam lus teb hauv no yuav tau xa rau hauv tseemfwv loj tej chaw ua haujlwm nyob hauv xeev thiab tej zejzos thiab tej chaw tsimtsa kevlig kevciai, tej koomhaum pab kev khomob, thiab tej kws khomob.

Patient Stamp

**SOJNTSUAM TXOG
"KEV NOJQAB NYOBZOO"**
Cov menuam yaus hnubnyoog, 4-8 xyoos

Patient Number _____ Plan Name/Number _____
If patient stamp not used, write in Patient and Plan Name/Number

Tus menuam npe (npe, Xeem)	Hnubyug	Yog <input type="checkbox"/> Tub <input type="checkbox"/> Ntxhais	Hnubtim	For Clinical Use
Koj lub npe	Kev txheebze tus menuam <input type="checkbox"/> Niamtxiv <input type="checkbox"/> Tus saibxyuas <input type="checkbox"/> Kwvtij <input type="checkbox"/> Phoojywg	Lwmyam		Assistance needed: Reading: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Interpreter: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Koj thiab cov neeg khomob rau koj tus menuam muaj cuabkav koomtes los pab kom nws tau txais kev nojqab nyobzoo. Thov teb cov lus nug no li uas koj teb tau. Koj suam (✓) rau qhov "Hla" yog tias koj tsis paub teb lossis tsis xav teb. Koj nrog koj tus kws khomob tham tau yog koj muaj lus nug dabtsi. Koj cov lus teb yuav tau muab ceev cia kom zoo vim nws yog ib feem ntawm koj tus menuam tej ntaubntawv khomob.

Yamntxwv Rau Kev Nug thiab Teb: Koj tus menuam puas ntau pob uasi?	<input checked="" type="checkbox"/>	Tsuisa	Hla	Annual Review Date/Initials
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Hauv Koj Tsev Puas Muaj: (Does Your Home Have:)			
1. Lub tswb ntes pa hluavtaws (smoke detector)? (A working smoke detector?)	<input type="checkbox"/> Muaj	<input type="checkbox"/> Tsismuej	<input type="checkbox"/> Hla
2. Cov dej hauv tus kaisdej los kub txog qhov yuav hlab tau menuam? (Water that comes from the faucet hot enough to burn your child?)	<input type="checkbox"/> Kub	<input type="checkbox"/> Tsiskub	<input type="checkbox"/> Hla
3. Cov lag thaiv qhovrais uas nyob rau theem sab saum? (Window guards above the first floor?)	<input type="checkbox"/> Muaj	<input type="checkbox"/> Tsismuej	<input type="checkbox"/> Hla
4. Tej tshuaj ntxuav tsev, tshuaj noj, thiab teeblentais uas muab xauv cia hauv txee kom zoo? (Cleaning supplies, medicines and matches in a locked cabinet?)	<input type="checkbox"/> Xauv	<input type="checkbox"/> Tsiseuv	<input type="checkbox"/> Hla
5. Tus xovtooj hu qhovchaw tshuaj lom lo rau ntawm lub xovtooj? (The phone number for the poison control center posted by your telephone?)	<input type="checkbox"/> Muaj	<input type="checkbox"/> Tsismuej	<input type="checkbox"/> Hla
Koj Tus Menyuam Puas: (Does Your Child:)			
6. Tau txais kev khomob los ntawm lwm tus (xwsli kws hnokoob, kws tshuajntsab, txivneeb, lossis lwm tus) dhau li ntawm tus kws khomob lawm? (Receive health care from anyone besides a medical doctor [such as an acupuncturist, herbalist, curandero, or other healer]?)	<input type="checkbox"/> Tsistau	<input type="checkbox"/> Tau	<input type="checkbox"/> Hla
7. Mus ntsib kws khohniav yam tsawg ib xyoos ib zaug? (See the dentist at least once a year?)	<input type="checkbox"/> Mus	<input type="checkbox"/> Tsismus	<input type="checkbox"/> Hla
8. Haus misnyuj, lossis noj yogurt lossis cheese yam tsawg ib hnub ob zaug? (Drink milk or eat yogurt or cheese at least 2 times each day?)	<input type="checkbox"/> Noj	<input type="checkbox"/> Tsisnoj	<input type="checkbox"/> Hla
9. Noj txivhmab txivntoo thiab zaub txhua hnub? (Eat fruits and vegetables every day?)	<input type="checkbox"/> Noj	<input type="checkbox"/> Tsisnoj	<input type="checkbox"/> Hla
10. Caiv txhob pub noj tej yam kib roj ntau ntau lossis tej khoom lawv ua siav tomtej? (Eat only a limited amount of fried or fast foods?)	<input type="checkbox"/> Caiv	<input type="checkbox"/> Tsiscav	<input type="checkbox"/> Hla

For Clinical Use

Intervention Codes: C: Counseling EM: Educational Materials R: Referral F: Follow-up Needed SPN: See Progress Notes

			<i>For Clinical Use</i>
			Interventions Code/Date/Initials
Koj Tus Menyuam Puas: (Does Your Child:)			
11. Uasi cusplaws ib lub limtiam 5 hnub? (<i>Play actively 5 days a week?</i>)	<input type="checkbox"/> Ua	<input type="checkbox"/> Tsisua	<input type="checkbox"/> Hla
12. Yuav tsum tau ua kom poob lossis nce phau? <i>(Need to lose or gain weight?)</i>	<input type="checkbox"/> Tsistau	<input type="checkbox"/> Tau	<input type="checkbox"/> Hla
13. Uasi hauv plawykev lossis nraum qabkhav yam tsis muaj tus nrog saib? (<i>Ever play in the street or unsupervised in the front yard?</i>)	<input type="checkbox"/> Tsisua	<input type="checkbox"/> Ua	<input type="checkbox"/> Hla
14. Ibttxwm siv lub rooj pav hauv tsheb uas yog booster thiab sia siv thaum caij tsheb? (<i>Always use a booster seat and seat belt when riding in a car?</i>)	<input type="checkbox"/> Siv	<input type="checkbox"/> Tsissiv	<input type="checkbox"/> Hla
15. Niaj zaum ntoo kausmom thaiv taubhau thaum caij tsheb kaujvab lossis caij daim txiagntoo muaj log? <i>(Always wear a helmet when riding a bike or skateboard?)</i>	<input type="checkbox"/> Ntoo	<input type="checkbox"/> Tsisntoo	<input type="checkbox"/> Hla
16. Mus uasi hauv tej lub tsev lossis tej koog tsev uas muaj pas dadej tob lossis dab dadej kub? (<i>Spend time at a house or apartment complex with a swimming pool or hot tub?</i>)	<input type="checkbox"/> Tsismus	<input type="checkbox"/> Mus	<input type="checkbox"/> Hla
17. Mus uasi hauv tej tsev muaj phom? <i>(Spend time in a home where a gun is kept?)</i>	<input type="checkbox"/> Tsismus	<input type="checkbox"/> Mus	<input type="checkbox"/> Hlaa
18. Mus uasi hauv tej tsev muaj neeg haus luamyeeb? <i>(Spend time in a home with anyone who smokes?)</i>	<input type="checkbox"/> Tsismus	<input type="checkbox"/> Mus	<input type="checkbox"/> Hla
19. Pheej mus tiv tshav nraumzoov yam tsis siv dabtsi los roos tshav xwsli ntoo kausmom lossis hnav tsho? (<i>Often spend time outdoors without sunscreen or other protection such as a hat or shirt?</i>)	<input type="checkbox"/> Tsismus	<input type="checkbox"/> Mus	<input type="checkbox"/> Hla
Koj Tus Menyuam Puas Tau: (Has Your Child:)			
20. Pom dua lossis raug lwmtus tsimtxom lossis ua phen rau? <i>(Ever witnessed or been a victim of abuse or violence?)</i>	<input type="checkbox"/> Tsistau	<input type="checkbox"/> Tau	<input type="checkbox"/> Hla
21. Muaj dua teebmeem hauv tsev lossis tom tsev ntawv? <i>(Had any problems at home or school?)</i>	<input type="checkbox"/> Tsismuaj	<input type="checkbox"/> Muaj	<input type="checkbox"/> Hla
22. Koj puas muaj lwm yam lus nug lossis kev txhawjxeeb txog koj tus menyuam kev nojqab nyobzoo? (<i>Do you have other questions or concerns about your child's health?</i>) (Thov qhia saib yog dabtsi) (<i>Please identify</i>) _____ _____ _____	<input type="checkbox"/> Tsismuaj	<input type="checkbox"/> Muaj	<input type="checkbox"/> Hla

For Clinical Use

Intervention Codes: C: Counseling EM: Educational Materials R: Referral F: Follow-up Needed SPN: See Progress Notes

Kev ceev lus

Txoj kevciai ceev lus uas tsimtsa xyoo 1977 (California Civil Code 1798) thiab Tseemhwv Qibsiab txoj kevciai ceev lus (5USC 552a, Subdivision (E)(3)) samhwm kom yuav tsum tau muab txoj cai no los qhia thaum yuav nug ib yam dabtsi txog ntawm lawv tuskheej. Cov lus teb no yog xav tau los ntawm koj tus kws khomob, koomhaum khomob, thiab phab saib kev kho mobnkees kom lawv paub npaj kev cobqhia txog sab kev nojqab nyobzoo. Qhov yuav teb thiab tsis teb cov lus no nyob ntawm tus neegmob xaiv. Txawm tus neegmob tsis teb tej lus nug no los yuav tsis muaj kev rau txim dabtsi rau nws. Cov lus teb hauv daim ntawv no yuav muab ceev nrog nws cov ntaubntawv khomob uake, thiab muaj txoj cai los txwv tsis pub neeg paub tibyam li cov ntaubntawv khomob. Txoj kevblig kevciai thiab kev tswjfwm hauv lub xeev txog kev ceev lus rau tus neegmob mas yog hais tag nrho rau cov lus teb nyob hauv daim ntawv no huvs. Vim kevciai thiab kev tswjfwm pom zoo mas qho yam lus teb hauv no yuav tau xa rau hauv tseemfw loj tej chaw ua haujlmw nyob hauv xeev thiab tej zejzos thiab tej chaw tsimtsa kevlig kevciai, tej koomhaum pab kev khomob, thiab tej kws khomob.

Patient Stamp

**SOJNTSUAM TXOG
"KEV NOJQAB NYOBZOO"**
Cov yuav tiav hluas hnubnyoog, 9-11 xyoos

		Patient Number	Plan Name/Number
If patient stamp not used, write in Patient and Plan Name/Number			
Tus meyuam npe (npe, xeem)	Hnubyug	Yog	Hnubtim
		<input type="checkbox"/> Tub <input type="checkbox"/> Ntxhais	
Koj lub npe	Kev tsheebze tus menuyam <input type="checkbox"/> Niamtxiv <input type="checkbox"/> Tus saibxyuas <input type="checkbox"/> Kwvtij <input type="checkbox"/> Phoojywq	For Clinical Use	
		Assistance needed:	
		Reading: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Interpreter: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<i>Koj thiab cov neeg khomob rau koj tus menuyam muaj cuabkav koomtes los pab kom nws tau txais kev nojqab nyobzoo. Thov teb cov lus nug no li uas koj teb tau. Koj suam (✓) rau qhov "Hla" yog tias koj tsis paub teb lossis tsis xav teb. Koj nrog koj tus kws khomob tham tau yog koj muaj lus nug dabtsi. Koj cov lus teb yuav tau muab ceev cia kom zoo vim nws yog ib feem ntawm koj tus menuyam tej ntaubntawv khomob.</i>		Annual Review Date/Initials	
Yamntxawv Rau Kev Nug thiab Teb. Koj tus menuyam puas mus kawm ntawv?		<input checked="" type="checkbox"/> Mus <input type="checkbox"/> Tsismus <input type="checkbox"/> Hla	Interventions Code/Date/Initials
Koj Tus Menuyam Puas: (Does Your Child:)			
1. Tau txais kev khomob los ntawm lwm tus (xwsli kws hnokoob, kws tshuajntsuan, txivneeb, lossis lwm tus) dhau li ntawm tus kws khomob lawm? (Receive health care from anyone besides a medical doctor acupuncturist, herbalist, curandero, or other healer?) <input type="checkbox"/> Tsistau <input type="checkbox"/> Tau <input type="checkbox"/> Hla			
2. Mus ntsib kws khohniav yam tsawg ib xyoos ib zaug? (See the dentist at least once a year?) <input type="checkbox"/> Mus <input type="checkbox"/> Tsismus <input type="checkbox"/> Hla			
3. Haus misnyuj lossis noj yogurt lossis cheese yam tsawg ib hnub 3 zaug? (Drink milk or eat yogurt or cheese at least 3 times each day?) <input type="checkbox"/> Noj <input type="checkbox"/> Tsisnoj <input type="checkbox"/> Hla			
4. Noj txivhmab txivntoo thiab zaub txhua hnub? (Eat fruits and vegetables every day?) <input type="checkbox"/> Noj <input type="checkbox"/> Tsisnoj <input type="checkbox"/> Hla			
5. Caiv txhab noj tej yam kib roj ntau ntau lossis tej khoom lawv ua siav tomtej? (Eat only a limited amount of fried or fast foods?) <input type="checkbox"/> Caiv <input type="checkbox"/> Tsiscav <input type="checkbox"/> Hla			
6. Uasi cusplaws ib limtiam 5 hnub? (Play actively 5 days a week?) <input type="checkbox"/> Ua <input type="checkbox"/> Tsi ua <input type="checkbox"/> Hla			
7. Yuav tsum tau ua kom poob lossis nce phau? (Need to lose or gain weight?) <input type="checkbox"/> Tsistau <input type="checkbox"/> Tau <input type="checkbox"/> Hla			
8. Niaj zaum muaj kev chimsiab lossis nyuajsiab? (Often feel sad or depressed?) <input type="checkbox"/> Tsismaj <input type="checkbox"/> Muaj <input type="checkbox"/> Hla			
9. Niaj zaum ntoo kausmom thaiv taubhau thaum caij tsheb kaujvab lossis caij daim txiagntoo muaj log? (Always wear a helmet when riding a bike or skateboard?) <input type="checkbox"/> Ntoo <input type="checkbox"/> Tsisntoo <input type="checkbox"/> Hla			
10. Niaj zaum sia hlab thaum caij tsheb? (Always wear a seatbelt when riding in a car?) <input type="checkbox"/> Sia <input type="checkbox"/> Tsissia <input type="checkbox"/> Hla			
11. Mus uasi hauv tej tsev muaj phom? (Spend time in a home where a gun is kept?) <input type="checkbox"/> Tsismus <input type="checkbox"/> Mus <input type="checkbox"/> Hla			

For Clinical Use

Intervention Codes: C: Counseling EM: Educational Materials R: Referral F: Follow-up Needed SPN: See Progress Notes

			For Clinical Use	
			Interventions Code/Date/Initials	
Koj Tus Meynuam Puas: (Does Your Child:)				
12.	Uasi nrog tej phoojywg uas nqa phom, riam, qws, lossis lwmyam khoom tawv? (Spend time with any friends who carry a gun, knife, club, or other weapon?)	<input type="checkbox"/> Tsisua	<input type="checkbox"/> Ua	<input type="checkbox"/> Hla
13.	Mus uasi hauv tej tsev uas muaj neeg haus luamyeeb? (Spend time in a home with anyone who smokes?)	<input type="checkbox"/> Tsismus	<input type="checkbox"/> Mus	<input type="checkbox"/> Hla
14.	Pheej mus tiv tshav nraumzoov yam tsis siv dabtsi los roos tshav xwshi ntoo kausmom lossis hnay tsho? (Often spend time outdoors without sunscreen or other protection such as a hat or shirt?)	<input type="checkbox"/> Tsismus	<input type="checkbox"/> Mus	<input type="checkbox"/> Hla
Koj Tus Menyuam Puas Tau: (Has Your Child:)				
15.	Haus dua luamyeeb lossis ntsuas luamyeeb? (Ever smoked cigarettes or chewed tobacco?)	<input type="checkbox"/> Tsistau	<input type="checkbox"/> Tau	<input type="checkbox"/> Hla
16.	Haus dua dejcawv xwsli beer, cawv, cawv txivhmab, lossis cawv nrif? (Ever had alcohol such as beer, wine, wine coolers, or liquor?)	<input type="checkbox"/> Tsistau	<input type="checkbox"/> Tau	<input type="checkbox"/> Hla
17.	Haus dua xas, hnay tshuaj, lossis siv tej yeebtshuaj uas muag tom tej kev? (Ever smoked marijuana, snuffed glue, or used street drugs?)	<input type="checkbox"/> Tsistau	<input type="checkbox"/> Tau	<input type="checkbox"/> Hla
18.	Muaj dua tej phoojywg lossis tej tus hauv tsevneeg uas muaj teebmeem txog yeebtshuaj lossis dejcaw? (Had friends or family members who had a problem with drugs or alcohol?)	<input type="checkbox"/> Tsismaj	<input type="checkbox"/> Muaj	<input type="checkbox"/> Hla
19.	Pib mus tham lossis "mus uasi nrog tej" hluasnraug/hluasnkaug? (Started dating or "going with" boyfriends/girlfriends?)	<input type="checkbox"/> Tsistau	<input type="checkbox"/> Tau	<input type="checkbox"/> Hla
20.	Niajhnbu mus sibdeev nrog lwm tus? (Become sexually active?)	<input type="checkbox"/> Tsistau	<input type="checkbox"/> Tau	<input type="checkbox"/> Hla
21.	Raug lwm tus mos lossis quabyuam deev? (Ever been molested or sexually abused?)	<input type="checkbox"/> Tsiraug	<input type="checkbox"/> Raug	<input type="checkbox"/> Hla
22.	Pom dua lossis raug lwmtus tsimtxom lossis ua phen rau? (Ever witnessed or been a victim of physical abuse or violence?)	<input type="checkbox"/> Tsistau	<input type="checkbox"/> Tau	<input type="checkbox"/> Hla
23.	Muaj dua teebmeem hauv tsev lossis tom tsev kawmntawv? (Had problems at home or school?)	<input type="checkbox"/> Tsistau	<input type="checkbox"/> Tau	<input type="checkbox"/> Hla
24.	Koj puas muaj lwm yam lus nug lossis kev txhawjxeeb txog koj tus menyuam kev nojqab nyobzoo? (Do you have other questions or concerns about your child's health?) (Thov qhia saib yog dabtsi) (Please identify) _____	<input type="checkbox"/> Tsismaj	<input type="checkbox"/> Muaj	<input type="checkbox"/> Hla

For Clinical Use

Intervention Codes: C: Counseling EM: Educational Materials R: Referral F: Follow-up Needed SPN: See Progress Notes

Kev ceev lus

Txoj kevcai ceev lus uas tsimtsa xyoo 1977 (California Civil Code 1797) thiab Tseemhwv Qibsiab txoj kevcai ceev lus (5USC 552a, Subdivision (E)(3)) samhwm kom yuav tsum tau muab txoj cai no los qhia thaum yuav nug ib yam dabtsi txog ntawm lawv tuskheej. Cov lus teb no yog xav tau los ntawm koj tus kws khomob, koomhaum khomob, thiab phab saib kev kho mobnkees kom lawv paub npaj kev cobqhia txog sab kev nojqab nyobzoo. Qhov yuav teb thiab tsis teb cov lus no nyob ntawm tus neegmob xaiv. Txawm tus neegmob tsis teb tej lus nug no los yuav tsis muaj kev rau txim dabtsi rau nws. Cov lus teb hauv daim ntawv no yuav muab ceev nrog nws cov ntaubntawv khomob uake, thiab muaj txoj cai los txvwv tsis pub neeg paub tibyav li cov ntaubntawv khomob. Txoj kevblig kevcai thiab kev tswjfwm hauv lub xeev txog kev ceev lus rau tus neegmob mas yog hais tag nrho rau cov lus nyob hauv daim ntawv no huvs. Vim kevcai thiab kev tswjfwm pom zao mas qho yam lus teb hauv no yuav tau xa rau hauv tseemfwv loj tej chaw ua haujlwm nyob hauv xeev thiab tej zejzos thiab tej chaw tsimtsa kevlig kevcai, tej koomhaum pab kev khomob, thiab tej kws khomob.

Patient Stamp

**SOJNTSUAM TXOG
"KEV NOJQAB NYOBZOO"**
Cov yuav tiav hluas hnubnyoog, 12-17 xyoos

Patient Number _____ Plan Name/Number _____
If patient stamp not used, write in Patient and Plan Name/Number

Tus neegmob npe (npe, xeem)	Hnubyug	Yog <input type="checkbox"/> Tub <input type="checkbox"/> Ntxhais	Hnubtim	For Clinical Use
Tus neeg teb daim ntawv no npe (yog tias tsi yog tus neegmob)	Kev txheeze tus neegmob <input type="checkbox"/> Niamtxiv <input type="checkbox"/> Kwvtij	Tus saibxyuas <input type="checkbox"/> Phoojywg	Lwm yam	Assistance needed: Reading: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Interpreter: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<i>Koj thiab cov neeg khomob rau koj muaj cuabkav koomtes los pab koj tau txais kev nojqab nyobzoo. Thov teb cov lus nug no li uas koj teb tau. Koj suam (✓) rau qhov "Hla" yog tias koj tsis paub teb lossis tsis xav teb. Koj nrog koj tus kws khomob tham tau yog koj muaj lus nug dabtsi. Koj cov lus teb yuav tau muab ceev cia kom zoo vim nws yog ib feem ntawm koj tej ntaubntawu khomob.</i>				Annual Review Date/Initials

Yamntxwv Rau Kev Nug thiab Teb: Koj puas mus ntaus pob uasi?		<input checked="" type="checkbox"/> Mus <input type="checkbox"/> Tsismus <input type="checkbox"/> Hla	Interventions Code/Date/Initials
Koj Puas: (Do You:)			
1. Nrog niamtxiv nyob? (Live at home?)	<input type="checkbox"/> Nyob	<input type="checkbox"/> Tsis nyob	<input type="checkbox"/> Hla
2. Mus kawmntawv? (Go to school?)	<input type="checkbox"/> Mus	<input type="checkbox"/> Tsis mus	<input type="checkbox"/> Hla
3. Tau txais kev khomob los ntawm lwm tus (xwsli kws hnokoob, kws tshuajntsuan, txivneeb, lossis lwm tus) dhau li ntawm tus kws khomob lawm? (Receive health care from anyone besides a medical doctor [such as an acupuncturist, herbalist, curandero, or other healer]?)	<input type="checkbox"/> Tsistau	<input type="checkbox"/> Tau	<input type="checkbox"/> Hla
4. Mus ntsib kws khohniav yam tsawg ibxyoo ibzaug? (See the dentist at least once a year?)	<input type="checkbox"/> Mus	<input type="checkbox"/> Tsis mus	<input type="checkbox"/> Hla
5. Haus misnyuj lossis noj yogurt lossis cheese yam tsawg ib hnub 3 zaug? (Drink milk or eat yogurt or cheese at least 3 times each day?)	<input type="checkbox"/> Noj	<input type="checkbox"/> Tsis noj	<input type="checkbox"/> Hla
6. Noj txivhmab txivntoo thiab zaub txhua hnub? (Eat fruits and vegetables every day?)	<input type="checkbox"/> Noj	<input type="checkbox"/> Tsis noj	<input type="checkbox"/> Hla
7. Caiv txhob noj tej khookh kib roj ntau ntau lossis tej khookh lawv ua siav tomtej? (Try to limit the amount of fried or fast foods that you eat?)	<input type="checkbox"/> Caiv	<input type="checkbox"/> Tsiscaiv	<input type="checkbox"/> Hla
8. Phov lossis khip kom tawm fws ib limtiam 5 hnub? (Exercise or play an active sport 5 days a week?)	<input type="checkbox"/> Khip	<input type="checkbox"/> Tsis khip	<input type="checkbox"/> Hla
9. Xav tias koj yuav tsum tau ua kom koj poob lossis nce phau? (Think you need to lose or gain weight?)	<input type="checkbox"/> Tsisxav	<input type="checkbox"/> Xav	<input type="checkbox"/> Hla
10. Pheej muaj kev chimsiab, nroos, lossis tag kev cia siab? (Often feel sad, down, or hopeless?)	<input type="checkbox"/> Tsismuaj	<input type="checkbox"/> Muaj	<input type="checkbox"/> Hla
11. Niaj zaum sia hlab thaum caij tsheb? (Always wear a seat belt when riding in a car?)	<input type="checkbox"/> Sia	<input type="checkbox"/> Tsis sia	<input type="checkbox"/> Hla
12. Niaj zaum ntoo kausmom thaiv taubhau thaum caij tsheb kaujvab lossis caij daim txiagntoo muaj log? (Always wear a helmet when riding a bike or skateboard?)	<input type="checkbox"/> Ntoo	<input type="checkbox"/> Tsisntoo	<input type="checkbox"/> Hla
13. Mus uasi hauv tej tsev muaj phom? (Spend time in a home where a gun is kept?)	<input type="checkbox"/> Tsismus	<input type="checkbox"/> Mus	<input type="checkbox"/> Hla
14. Mus uasi hauv tej tsev muaj neeg hauv luamyeeb? (Spend time in a home with anyone who smokes?)	<input type="checkbox"/> Tsismus	<input type="checkbox"/> Mus	<input type="checkbox"/> Hla
15. Pheej mus tiv tshav ntsaumzoov yam tsis siv dabtsi los roos tshav xwsli ntoo kausmom lossis hnav tsho? (Often spend time outdoors without sunscreen or other protection such as a hat or shirt?)	<input type="checkbox"/> Tsismus	<input type="checkbox"/> Mus	<input type="checkbox"/> Hla

For Clinical Use

Intervention Codes: C: Counseling EM: Educational Materials R: Referral F: Follow-up Needed SPN: See Progress Notes

Txhua Yam lus uas koj teb txog kev sibdeev nrog lwm tus thiab key npaj lub neej lossis kev siv khoom tivthaiv tsis pub muaj menyuam mas yuav tsis pub leejtwg paub txog txawm koj niam koj txiv los tsis pub paub yog tias tsis tau ntawv tso cai los ntawm koj.
(Your answers to questions about sex and family planning cannot be shared with anyone, including your parents, without your special written permission.)

For Clinical Use

**Interventions
Code/Date/Initials**

Koj Puas Tau: (Do You Ever?)			
16. Haus dua luamyeeb lossis cov luamyeeb loj uas yog cigar lossis ntsuas luamyeeb? (Smoke cigarettes or cigars or chew tobacco?)	<input type="checkbox"/> Tsistau	<input type="checkbox"/> Tau	<input type="checkbox"/> Hla
17. Haus dua dejcaww xwsli beer, caww, caww txivhmab, lossis caww nrim? (Drink alcohol such as beer, wine, wine coolers, or liquor?)	<input type="checkbox"/> Tsistau	<input type="checkbox"/> Tau	<input type="checkbox"/> Hla
18. Tsav dua tsheb tomqab haus caww lossis caij tsheb nrog tus neeg haus dejcawv? (Drive a car after drinking or ride in a car driven by someone who has been drinking?)	<input type="checkbox"/> Tsistau	<input type="checkbox"/> Tau	<input type="checkbox"/> Hla
19. Siv dua yeebshuaj xwsli xas, cocaine, crack, crank, lossis ecstasy? (Use drugs such as marijuana, cocaine, crack, crank, or ecstasy?)	<input type="checkbox"/> Tsistau	<input type="checkbox"/> Tau	<input type="checkbox"/> Hla
20. Koj puas tau nrog dua lwm tus sibdeev? (Have you ever had sex?) <i>Yog koj "tau" teb cov lus hauv qab no. Yog "tsi tau" hla mus rau lolus nug nqi 26. (If "yes," continue to next question. If "no," go to question 26.)</i>	<input type="checkbox"/> Tsistau	<input type="checkbox"/> Tau	<input type="checkbox"/> Hla
21. Koj puas xav tias tej zaum koj lossis tus koj deev nrog ntawd cev xeebtub lawm? (Do you think you or your partner could be pregnant?)	<input type="checkbox"/> Tsiseeb	<input type="checkbox"/> Xeeb	<input type="checkbox"/> Hla
22. Koj puas tau deev dua lwm tus yam tsis siv dabtsi tivthaiv kom txhob muaj menyuam lub xyoo dhau los? (Have you had sex without using birth control in the last year?)	<input type="checkbox"/> Tsistau	<input type="checkbox"/> Tau	<input type="checkbox"/> Hla
23. Koj puas xav tias tej zaum koj lossis tus koj deev ntawd muaj kabmob kis tau los ntawm kev sibdeev? (Do you think you or your partner could have a sexually transmitted disease?)	<input type="checkbox"/> Tsissav	<input type="checkbox"/> Xav	<input type="checkbox"/> Hla
24. Koj lossis tus uas koj deev nrog ntawd puas tau mus deev dua lwm tus neeg xyoo dhau los? (Have you or your partner(s) had sex with any other people in the past year?)	<input type="checkbox"/> Tsistau	<input type="checkbox"/> Tau	<input type="checkbox"/> Hla
25. Koj lossis tus uas koj deev nrog ntawd puas siv hnab looj zaum tas los uas neb sibdeev? (Did you or your partner use a condom the last time you had sex?)	<input type="checkbox"/> Siv	<input type="checkbox"/> Tsissiv	<input type="checkbox"/> Hla
Koj puas Tau: (Have you?)			
26. Raug dua neeg quabyuam lossis mos deev? (Ever been forced or pressured to have sex?)	<input type="checkbox"/> Tsistau	<input type="checkbox"/> Tau	<input type="checkbox"/> Hla
27. Raug dua neeg ntaus, npuaj, ncaws, lossis ua kom mobnqaij mobtawv? (Ever been hit, slapped, kicked, or physically hurt by someone?)	<input type="checkbox"/> Tsistau	<input type="checkbox"/> Tau	<input type="checkbox"/> Hla
28. Nqa dua phom, riam, qws, lossis lwm yam khoom tawv? (Ever carried a gun, knife, club, or other weapon?)	<input type="checkbox"/> Tsistau	<input type="checkbox"/> Tau	<input type="checkbox"/> Hla
29. Koj puas muaj lwm yam lus nug lossis kev txhawjxeeb txog koj kev nojqab nyobzoo? (Do you have other questions or concerns about your health?) (Thov qhia saib yog dabtsi) (Please identify) _____	<input type="checkbox"/> Tsis muaj	<input type="checkbox"/> Muaj	<input type="checkbox"/> Hla

For Clinical Use

Intervention Codes:

C: Counseling

EM: Educational Materials

R: Referral

F: Follow-up Needed

SPN: See Progress Notes

Kev ceev lus

Txoj kevciai ceev lus uas tsimtsa xyoo 1977 (California Civil Code 1798) thiab Tseemhwv Qibsiab txoj kevciai ceev lus (5USC 552a, Subdivision (E)(3)) samhwm kom yuav tsum tau muab txoj cai no los qhia thaum yuav nug ib yam dabtsi txog ntawm lawv tuskheej. Cov lus teb no yog xav tau los ntawm koj tus kws khomob, koomhaum khomob, thiab phab saib kev kho mobnkees kom lawv paub npaj kev cobqhia txog sab kev nojqab nyobzoo. Qhov yuav teb thiab tsis teb cov lus no nyob ntawm tus neegmob xaiv. Txawm tus neegmob tsis teb tej lus nug no los yuav tsis muaj kev rau txim dabtsi rau nws. Cov lus teb hauv daim ntawv no yuav muab ceev nrog nws cov ntaubntawv khomob uake, thiab muaj txoj cai los txwv tsis pub neeg paub tibaym li cov ntaubntawv khomob. Txoj kevblig kevciai thiab kev tswjfwm hauv lub xeev txog kev ceev lus rau tus neegmob mas yog hais tag nrho rau cov lus teb nyob hauv daim ntawv no huvs. Vim kevciai thiab kev tswjfwm pom zoo mas qho yam lus teb hauv no yuav tau xa rau hauv tseemfwv loj tej chaw ua haujlwm nyob hauv xeev thiab tej zejzos thiab tej chaw tsimtsa kevlig kevciai, tej koomhaum pab kev khomob, thiab tej kws khomob.

**SOJNTSUAM TXOG
"KEV NOJQAB NYOBZOO"**
Cov laus, hnubnyoog 18 xyoos rov saum

Patient Stamp

Patient Number

Plan Name/Number

If patient stamp not used, write in Patient and Plan Name/Number

Tus neegmob npe (npe, xeem)	Hnubyug	Yog <input type="checkbox"/> Tub <input type="checkbox"/> Ntxhais	Hnubtim	For Clinical Use
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Koj thiab cov neeg khomob rau koj muaj cuabkav koomtes los pab koj tau txais kev nojqab nyobzoo. Thov teb cov lus nug no li uas koj teb tau. Koj suam (✓) rau qhov "Hla" yog tias koj tsis paub teb lossis tsis xav teb. Koj nrog koj tus kws khomob tham tau yog koj muaj lus nug dabtsi. Koj cov lus teb yuav tau muab ceev cia kom zoo vim nws yog ib feem ntawm koj tej ntaubntawu khomob.

Yamntxuw Rau Kev Nug thiab Teb: Koj puas mus ntaus pob uasi?	<input checked="" type="checkbox"/> Mas	<input type="checkbox"/> Tsismus	<input type="checkbox"/> Hla	Interventions Code/Date/Initials
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Koj Puas: (Do You:)				
1. Tau txais kev khomob los ntawm lwm tus (xwsli kws hnokoob, kws tshuajntsuan, txivneeb, lossis lwm tus) dhau li ntawm tus kws khomob lawm? (Receive health care from anyone besides a medical doctor (such as an acupuncturist, herbalist, curandero, or other healer)?)	<input type="checkbox"/> Tsistau	<input type="checkbox"/> Tau	<input type="checkbox"/> Hla	
2. Mus ntsib kws khohniav yam tsawg ibxyoo ibzaug? (See the dentist at least once a year?)	<input type="checkbox"/> Mus	<input type="checkbox"/> Tsismus	<input type="checkbox"/> Hla	
3. Haus misnyuj lossis noj yogurt lossis cheese yam tsawg ib hnub 3 zaug? (Drink milk or eat yogurt or cheese at least 3 times each day?)	<input type="checkbox"/> Noj	<input type="checkbox"/> Tsisnoj	<input type="checkbox"/> Hla	
4. Noj txivhmab txivntoo thiab zaub txhua hnub? (Eat fruits and vegetables every day?)	<input type="checkbox"/> Noj	<input type="checkbox"/> Tsisnoj	<input type="checkbox"/> Hla	
5. Caiv txhab noj tej khoom kib roj ntau ntau lossis tej khoom lawv ua siav nyob tomtej? (Try to limit the amount of fried or fast foods that you eat?)	<input type="checkbox"/> Caiv	<input type="checkbox"/> Tsiscaiv	<input type="checkbox"/> Hla	
6. Phov kom tawm fws lossis ua tej yam nyuag xwsli taug kev lossis ncaws vaj zaub ib limtiam 5 hnub? (Exercise or do moderate physical activity such as walking or gardening 5 days a week?)	<input type="checkbox"/> Ua	<input type="checkbox"/> Tsisua	<input type="checkbox"/> Hla	
7. Xav tias koj yuav tsum tau ua kom koj poob lossis nce phaus? (Think you need to lose or gain weight?)	<input type="checkbox"/> Tsisxav	<input type="checkbox"/> Xav	<input type="checkbox"/> Hla	
8. Pheej muaj kev chimsiab, nroos, lossis tas kev ciasiab? (Often feel sad, down, or hopeless?)	<input type="checkbox"/> Tisimuej	<input type="checkbox"/> Muaj	<input type="checkbox"/> Hla	
9. Muaj tej phoojywq lossis tej neeg nyob hauv tsev uas haus luamyeeb? (Have friends or family members that smoke in your home?)	<input type="checkbox"/> Tisimuej	<input type="checkbox"/> Muaj	<input type="checkbox"/> Hla	
10. Pheej mus tiv tshav nraumzoov yam tsis siv dabtsi los roos tshav xwsli ntto kausmom lossis hnav tsho? (Often spend time outdoors without sunscreen or other protection such as a hat or shirt?)	<input type="checkbox"/> Tsismus	<input type="checkbox"/> Mus	<input type="checkbox"/> Hla	

For Clinical Use

Intervention Codes:

C: Counseling

EM: Educational Materials

R: Referral

F: Follow-up Needed

SPN: See Progress Notes

<p>Txhua yam lus uas koj teb rau hauv no txog kev haus dejcau thiab siv yeebtshuaj yuav tsi pub qhia rau leejtwg yog tias tsi tau ntawv tsocai los ntawm koj. (Your answers to questions about alcohol and drug use cannot be released to others without your special written permission.)</p>			For Clinical Use
			Interventions Code/Date/Initials
Koj Puas: (Do You:)			
11. Haus luamyeeb lossis cov luamyeeb loj uas yog cigar lossis siv dua lwm yam luamyeeb? (Smoke cigarettes or cigars or use any other kinds of tobacco?)	<input type="checkbox"/> Tsishaus	<input type="checkbox"/> Haus	<input type="checkbox"/> Hla
12. Siv yeebtshuaj lossis kuabtshuaj kom tsaugzog zoo, kom siab tus, nyob tswm, kaj siab, lossis ua kom poob phaus? (Use any drugs or medicines to go to sleep, relax, calm down, feel better, or lose weight?)	<input type="checkbox"/> Tsissiv	<input type="checkbox"/> Siv	<input type="checkbox"/> Hla
13. Pheej haus tej yam muaj cawv tov tshaj li ib hnub ob zaug? (Often have more than 2 drinks containing alcohol in one day?)	<input type="checkbox"/> Tsishaus	<input type="checkbox"/> Haus	<input type="checkbox"/> Hla
14. Xav tias tej zaum koj lossis tus koj deev nrog ntawd cev xeebtub lawm? (Think you or your partner could be pregnant?)	<input type="checkbox"/> Tsiseeb	<input type="checkbox"/> Xeeb	<input type="checkbox"/> Hla
15. Xav tias tej zaum koj lossis tus koj deev nrog ntawd muaj kabmob kis tau los ntawm kev sibdeev? (Think you or your partner could have a sexually transmitted disease?)	<input type="checkbox"/> Tsismuj	<input type="checkbox"/> Muaj	<input type="checkbox"/> Hla
Puas Yog Koj: (Have You:)			
16. Lossis tej neeg uas koj deev nrog yeej tsis tau siv khoom tivthaiv kom txhob muaj menyuam lub xyoo dhau los? (Or your partner(s) had sex without using birth control in the last year?)	<input type="checkbox"/> Tsisyog	<input type="checkbox"/> Yog	<input type="checkbox"/> Hla
17. Lossis tus uas koj deev nrog ntawd twb tau deev dua lwm tus neeg lub xyoo dhau los? (Or your partner(s) had sex with other people in the past year?)	<input type="checkbox"/> Tsistau	<input type="checkbox"/> Tau	<input type="checkbox"/> Hla
18. Lossis tus uas koj deev nrog ntawd twb tsis siv hnab looj lub xyoo dhau los? (Or your partner(s) had sex without a condom in the past year?)	<input type="checkbox"/> Tsissiv	<input type="checkbox"/> Siv	<input type="checkbox"/> Hla
19. Raug dua lwm tus quabyuam lossis mos deev? (Ever been forced or pressured to have sex?)	<input type="checkbox"/> Tsistau	<input type="checkbox"/> Tau	<input type="checkbox"/> Hla
20. Raug dua lwm tus ntaus, npuaj, ncaws, lossis ua kom mobnqaij mobtawv? (Ever been hit, slapped, kicked, or physically hurt by someone?)	<input type="checkbox"/> Tsistau	<input type="checkbox"/> Tau	<input type="checkbox"/> Hla
21. Koj puas muaj lwm yam lus nug lossis kev txhawjxeeb txog koj kev nojqab nyobzoo? (Do you have other questions or concerns about your health?) (Thov qhia saib yog dabtsi) (Please identify) _____ _____ _____ _____	<input type="checkbox"/> Tsismuj	<input type="checkbox"/> Muaj	<input type="checkbox"/> Hla

For Clinical Use

Intervention Codes: C: Counseling EM: Educational Materials R: Referral F: Follow-up Needed SPN: See Progress Notes

Kev ceev lus

Txoj kevciai ceev lus uas tsimtsa xyoo 1977 (California Civil Code 1798) thiab Tseemhwv Qibsiaib txoj kevciai ceev lus (5USC 552a, Subdivision (E)(3)) samhwmm kom yuav tsum tau muab txoj cai no los qhia thaum yuav nug ib yam dabtsi txog ntawm lawv tuskheej. Cov lus teb no yog xav tau los ntawm koj tus kws khomob, koomhaum khomob, thiab phab saib kev khoo mobnkees kom lawv paub npaj kev cobghia txog sab kev nojqab nyobzoo. Qhov yuav teb thiab tsis teb cov lus no nyob ntawm tus neegmob xaiiv. Txawm tus neegmob tsis teb tej lus nug no los yuav tsis muaj kev rau txim dabtsi rau nws. Cov lus teb hauv daim ntawv no yuav muab ceev nrog nws cov ntaubntawv khomob uake, thiab muaj txoj cai los txwv tsis pub neeg paub tibyam li cov ntaubntawv khomob. Txoj kevblig kevciai thiab kev tswifwm hauv lub xeev txog kev ceev lus rau tus neegmob mas yog hais tag nrho rau cov lus teb nyob hauv daim ntawv no huvs. Vim kevciai thiab kev tswifwm pom zoo mas qho yam lus teb hauv no yuav tau xa rau hauv tseemfwv loj tej chaw ua haujlwm nyob hauv xeev thiab hauv tej zejzos thiab tej chaw tsimtsa kevlig kevciai, tej koomhaum pab kev khomob, thiab tej kws khomob.